

DOCUMENT # 702910

1. Entity Name

ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, D

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90054 046 ****61.25

Principal Place of Business

Mailing Address

1631 TIMBER EDGE DR.
DELAND FL 32724

1631 TIMBER EDGE DR.
DELAND FL 32724-7984



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1004466

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARNOLD, ANN CONN J.
1631 TIMBER EDGE DR.
DELAND FL 32724

Handwritten note: please use whole name

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P BEASLEY, ELICIA
311 WASHINGTON OAKS DR.
DELAND FL 32720

Change Addition

D DUMAS, MILDRED
420 E. UNIVERSITY
DELAND FL

Change Addition

D GAMPERO, CAMILLE
700 NW 48TH AVENUE
COCONUT CREEK FL

Change Addition

V WALTERS, BARBARA A.
2155 OVERLOOK DRIVE
DELAND FL

Change Addition

T ARNOLD, ANN C
1631 TIMBER EDGE DR.
DELAND FL 32724

Change Addition
Handwritten note: the name is: Ann Conn J. Arnold to be correct

S JOHNSON, JULIE
706 WEST LAKE DRIVE
NAPLES FL

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten signature of Ann Conn J. Arnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten date: March 31, 2000

DATE

Handwritten phone number: 822-4378

DAYTIME PHONE #

CR2E037 (9/99)